

Provider Partners Illinois Advantage Plan (HMO I-SNP) (H3800-001)



CLINICAL SERVICES

Dedicated Nurse Practitioner and RN Care Coordinator will regularly visit with members



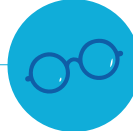
NON-EMERGENCY MEDICAL TRANSPORTATION

Up to 74 one-way trips a year



DENTAL

\$3,000 allowance for routine and comprehensive services a year



VISION

One routine eye exam & \$300 allowance for eyewear a year



OVER-THE-COUNTER (OTC) BENEFIT

\$255 quarterly catalog allowance



HEARING

One exam every year & \$2,000 allowance for hearing aids every 2 years



PODIATRY

Up to 5 routine visits a year

800-405-9681 | TTY 711

Hours of Operation:

October 1 – March 31
8 AM – 8 PM Daily

April 1 – September 30
8 AM – 8 PM M-F

A complete list of supplemental benefits is available in the Evidence of Coverage, which can be found at **pphealthplan.com**.

Provider Partners Health Plans (HMO I-SNP) is a Health Maintenance Organization (HMO) Special Needs plan (SNP) with a Medicare contract. Enrollment in Provider Partners Health Plans depends on contract renewal.